

## Payment & Financial Agreement

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. In order to achieve these goals, we need your assistance and understanding of our payment and financial policy. We offer the following methods of payment:

- Payment in full is due at the time of service. Cash, Check, Debit Card, MasterCard, Visa, Discover and American Express accepted.
- For patients with insurance, we will accept payment directly from the insurance company, but require that the deductible and non-covered fees be paid at each visit.
- We collaborate with Care Credit for a financing option. Applications can be completed online at [www.carecredit.com](http://www.carecredit.com) or in office with the assistance of our receptionists. If approved, print off approval with our account number and bring to your appointment.
- Any parent/guardian bringing a child to our office is legally responsible for payment of all services rendered. We do not bill individual parents for the child's co-payment.

### Important Information Regarding Your Dental Benefits

- Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files your insurance as a courtesy to you.
- Not all dental services are a covered benefit in all contracts. It is your responsibility to know your benefits.
- **You** (not the insurance company) are responsible to us for all our fees for services rendered to you.
- An **ESTIMATE** will be given of the benefits that the insurance company is expected to pay. Remember that this is only an **ESTIMATE** and that the actual cost may vary.
- **BROKEN/MISSED APPOINTMENT:** Appointments reserve a specific time with the dentist or hygienist to perform and provide the care you need. These scheduled times are planned for your convenience and hold great value. We require 24-hour notice of canceling or rescheduling your appointment, if 24 hours' notice is not given a \$50.00 fee will be charged.

**I acknowledge I have received and agreed to Ralph Avenue Dental Care's Payment & Financial Policies.**

Patient or Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

